

NIST-1262  
(REV. 7-2000)  
DAO 203-26U.S. DEPARTMENT OF COMMERCE  
NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY

(FOR ATP USE ONLY)

**SINGLE COMPANY ADVANCED TECHNOLOGY PROGRAM  
(ATP) PROPOSAL COVER SHEET**  
(CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 11.612)

Public reporting burden for this collection of information is estimated to average thirty (30) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Director, Advanced Technology Program, National Institute of Standards and Technology, 100 Bureau Drive, Stop 4700, Administration Building, Room A333, Gaithersburg, Maryland 20899-4700.

1. COMPETITION NUMBER		2. TECHNOLOGY AREA CODE		3. PROJECT DURATION YEARS MONTHS	
4.A. OTHER ATP SUBMISSIONS LIST PROPOSAL NUMBER(S) OF SUBSTANTIALLY OVERLAPPING PROPOSAL(S) PREVIOUSLY SUBMITTED		4.B. IF SUBMITTING A CONCURRENT SUBSTANTIALLY OVERLAPPING PROPOSAL TO ANOTHER CURRENT OR PENDING ATP COMPETITION, LIST COMPETITION NUMBER(S)			
5. LEGAL NAME, ADDRESS, AND WEBSITE OF SUBMITTING ORGANIZATION		6. TYPE OF ORGANIZATION (CHECK ALL THAT APPLY)  <input type="checkbox"/> PROFIT - SMALL BUSINESS <input type="checkbox"/> PROFIT - LARGE BUSINESS <input type="checkbox"/> PROFIT - MEDIUM BUSINESS <input type="checkbox"/> FOREIGN-OWNED U.S. SUBSIDIARY			
		7. EMPLOYER IDENTIFICATION NUMBER (EIN)		8. DUN AND BRADSTREET NUMBER	
9. NAME OF PRINCIPAL INVESTIGATOR AT SUBMITTING ORGANIZATION (Address required, if different than Item 5)      TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:		10. NAME OF GRANT/CONTRACT MANAGER AT SUBMITTING ORGANIZATION (Address required, if different than Item 5)      TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:			
11. SOURCES OF FUNDS		YEAR ONE	YEAR TWO	YEAR THREE	TOTAL
A. ATP (DIRECT COSTS ONLY)		\$	\$	\$	\$
B. PROPOSER		\$	\$	\$	\$
C. TOTAL (A + B)		\$	\$	\$	\$
12. PROPOSAL TITLE					
13. NON-PROPRIETARY PROPOSAL ABSTRACT					

<b>14. CERTIFICATION: BY SIGNING THIS PROPOSAL COVER SHEET, I CERTIFY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT ALL INFORMATION IN THIS PROPOSAL IS TRUE AND CORRECT AND THAT:</b>		
<b>A. THIS PROPOSAL IS NOT REQUESTING FUNDING FOR EXISTING OR PLANNED RESEARCH PROGRAMS THAT WOULD BE CONDUCTED IN THE SAME TIME PERIOD IN THE ABSENCE OF FINANCIAL ASSISTANCE UNDER THE ATP.</b>		
<b>B. ALL INDIRECT COSTS PROPOSED IN THIS PROPOSAL ARE INCLUDED UNDER THE PROPOSER'S COST SHARE AND NO INDIRECT COSTS ARE INCLUDED IN THE ATP SHARE OF COSTS REQUESTED.</b>		
<b>C. IF A LARGE BUSINESS, COST SHARING PROPOSED BY THE LARGE BUSINESS IS AT LEAST 60 PERCENT OF EACH YEAR'S TOTAL COSTS.</b>		
<b>D. THE TOTAL VALUE OF ANY IN-KIND CONTRIBUTIONS DOES NOT EXCEED 30 PERCENT OF THE COMPANY'S TOTAL COST SHARE.</b>		
<b>E. THE FOLLOWING QUESTIONS HAVE BEEN TRUTHFULLY ANSWERED:</b>	<b>YES</b>	<b>NO</b>
<b>i. IS THE COMPANY DELINQUENT ON ANY FEDERAL DEBT? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ii. WAS PROPOSAL OR VERY SIMILAR PROPOSAL SUBMITTED TO ANOTHER FEDERAL AGENCY? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>iii. DOES THE COMPANY HAVE A PARENT COMPANY OUTSIDE THE UNITED STATES? (IF YES, IDENTIFY THE PARENT COMPANY AND ITS PLACE OF INCORPORATION IN ITEM 15, REMARKS.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>iv. IS THE COMPANY MAJORITY OWNED BY INDIVIDUALS WHO ARE NOT CITIZENS OF THE UNITED STATES? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>v. IS THE COMPANY SUBJECT TO CONTROL BY INDIVIDUALS WHO ARE NOT CITIZENS OF THE UNITED STATES? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>vi. DOES THE PROPOSED R&amp;D INVOLVE THE USE OF HUMAN SUBJECTS AND/OR HUMAN TISSUE, AND/OR HUMAN CELL LINES? (IF YES, EXPLAIN IN ITEM 15, REMARKS, AND INDICATE WHETHER OR NOT THE RESEARCH PLAN HAS BEEN REVIEWED AND APPROVED BY AN INSTITUTIONAL REVIEW BOARD (IRB).)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>vii. DOES THE PROPOSED R&amp;D INVOLVE THE USE OF VERTEBRATE ANIMALS? (IF YES, EXPLAIN IN ITEM 15, REMARKS, AND INDICATE WHETHER OR NOT THE RESEARCH PLAN HAS BEEN REVIEWED AND APPROVED BY AN ANIMAL CARE AND USE COMMITTEE.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. REMARKS (CONTINUE ON A SEPARATE SHEET IF NECESSARY)</b>		
<b>16. DESCRIBE WHAT EFFORTS WERE MADE, PRIOR TO APPLYING FOR ATP FUNDING, TO SECURE PRIVATE CAPITAL TO SUPPORT THIS PROJECT WHOLLY.</b>		
<b>17. AUTHORIZED COMPANY REPRESENTATIVE (TYPE NAME AND TITLE)</b>	<b>18. TELEPHONE NUMBER</b>	
<b>19. SIGNATURE</b>	<b>20. DATE</b>	

**ESTIMATED MULTI-YEAR BUDGET - SINGLE COMPANY**

	YEAR ONE	YEAR TWO	YEAR THREE	TOTAL
<b>1. OBJECT CLASS CATEGORY</b>				
A. Personnel Salaries/Wages	\$	\$	\$	\$
B. Personnel Fringe Benefits				
C. Travel				
D. Equipment				
E. Materials/Supplies				
F. Subcontracts				
G. Other				
H. Total Direct Costs (Lines A thru G)				
I. Total Direct Costs Requested From ATP				
J. Total Direct Costs Shared by Proposer (If Any)	\$	\$	\$	\$
K. Total Indirect Costs Absorbed by Proposer	\$	\$	\$	\$
L. Total Costs (Lines H + K)	\$	\$	\$	\$
<b>2. SOURCES OF FUNDS</b>				
A. ATP (Same as Line I)	\$	\$	\$	\$
B.				
C.				
D.				
E. Total Sources of Funds (Same as Line L)	\$	\$	\$	\$
<b>3. TASKS</b>				
A.	\$	\$	\$	\$
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				
K. Total Costs of All Tasks (Same as Line L)	\$	\$	\$	\$

5. IS THIS A SOLE SOURCE CONTRACT?

☐ YES (IF YES, EXPLAIN) ☐ NO